

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	3/6/00
O.I.P.E. CLASSIFIER		11	3/1/00
FORMALITY REVIEW	CM	71632	5/2/00
RESPONSE FORMALITY REVIEW	CM	71632	6/1/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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